

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

NO. **99/700646**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		2					53					
4	1						54					
5		1					55					
6		2					56					
7			1				57					
8				1			58					
9				1			59					
10			1				60					
11				1			61					
12				1			62					
13				1			63					
14			1				64					
15				1			65					
16			1				66					
17				1			67					
18							68					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2		4				TOTAL IND.					
TOTAL DEP.	6		7				TOTAL DEP.					
TOTAL CLAIMS	8		11				TOTAL CLAIMS					

PTO-1380 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE  
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